



Town of Lexington
Office of Community Development
Health Division
1625 Massachusetts Avenue
Lexington, MA 02420

Fee: \$50.00

Existing Food Establishments

Plan Review Application

Check all that apply:

- ☐ **Change in Menu**
- ☐ **Simple Renovations**
- ☐ **Equipment Replacement**

Name of Establishment: _____

Address of Establishment: _____

105 CMR 590.011 requires the Board of Health to deny or grant approval of food establishment plans within thirty (30) days upon submission of said plans. This thirty-day (30) time period begins when a **complete application** when all the paperwork has been submitted to the Health Department.

I, _____, have read and understand the contents/requirements of this application packet and agree to the provisions listed above and contained within.

Date _____ 200__

**NO RENOVATION OR CONSTRUCTION WORK
TO BE DONE IN FOOD ESTABLISHMENT
BEFORE WRITTEN APPROVAL FROM HEALTH DEPARTMENT**

Applicant Emergency Contact Information

We must be able to contact you in case of an emergency. We DO NOT WANT a corporate address. We require personal addresses where responsible people can be reached at any time.

Name of Business or Company: _____

Name of Owner and/or Manger: _____

Address (Home): _____

Telephone # (Home): _____

Telephone # (Cell/24 Hour): _____

1st Alternate Contact (Name): _____

Address (Home): _____

Telephone # (Home): _____

Telephone # (Cell/24 Hour): _____

Pursuant to MGL Ch. 62C sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Federal ID: _____

Or

Social Security Number _____

Signature of Individual or Corporate Name: _____

I, _____ the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature _____

FOR BOARD OF HEALTH USE ONLY

Date Rec'd.	Date Inspected	Approved by	Permit #
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INFORMATION NEEDED
BEFORE WORK CAN BEGIN

1. Completed Food Establishment Plan Review Application
2. Include the following items with the completed application (if the item is not applicable please indicate with a N/A).
 - ____ a.) Floor plan (inside establishment): Show location of all equipment to determine food flow. Sketch on accompanying sheet or include plans.
 - ____ b.) Manufacturer's Specification Sheet(s) for all new equipment (indicate locations on floor plan)
 - ____ c.) Finish schedule for floors, covings, walls, and ceilings
 - ____ d.) Menu or list of new food items to be served.
 - ____ e.) Check for plan review fee \$50.00 (non-refundable) made out to "Town of Lexington"
2. Letter from Health Department approving the submitted application and plan. The letter will allow work to begin. No work can begin without this letter.

Please call the Health Department with questions:

Kathy Fox, Health Agent
781-862-0500 x 249

Gerard F. Cody, Health Director
781-862-0500 x 237

Fee Schedule

Renovation of Existing Establishment: \$50.00

LEXINGTON TOWN DEPARTMENTS

I, _____, the applicant for the following food establishment acknowledge that I have obtained all the necessary permits from each department (if applicable). I agree to comply with all requirements of the Town of Lexington and of each department.

- **Fire Department (781-862-0272) 45 Bedford Street**
- **Building Department (781-862-0500 x 211) 1625 Massachusetts Ave**
- **Zoning (781-862-0500 x 216) 1625 Massachusetts Ave**
- **Plumbing Inspector (781-862-0500 x 212) 1625 Massachusetts Ave**
- **Wiring Inspector (781-862-0500 x 215) 1625 Massachusetts Ave**

A. Reason for Equipment Addition

Please specify reason for the addition of new equipment.

[illegible]

B. Plumbing

According to manufacturer specification, please describe back-siphonage protection of the following. If the item is not applicable please indicate with a N/A.

[illegible]

FLOOR PLAN

1. Indicate in floor plan box (or attach plans), all existing equipment including but not limited to bathrooms, handsinks, toilets, 3 bay sinks, mop sink, service sinks, grease trap, cold holding units, hot holding units, customer seating/service area (register), grills, broilers, dry food storage area, walk-ins, chemical storage area, and the location of where new equipment will be installed/replaced.



Attach Specification Sheets to the Floor Plan with a key or description of where the new equipment will be located on the floor plan.

C. FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Warewashing Area				
Mop Service Area				
Walk-in Refrigerators and Freezers				